

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset

County.....

City or town..... Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life

Hospital, institution, or street address where death occurred:

McCready Hospital

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland..... County..... Somerset.....

City or town..... Crisfield.....
(If outside city or town limits, write RURAL and give nearest town)

Street No. 102 Main Street

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (a) FULL NAME

James Norman Bell

3. (b) Social Security Number

A 4-16-5674

4. Sex..... 5. Color or race..... 6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife..... Leila E.

7. Birth date of deceased (mo., day, yr.)..... Feb. 11, 1881

6. (c) If alive, give age..... 62..... years

8. AGE: Years..... 67..... Months..... 7..... Days..... 3..... If less than one day..... hrs..... min.

9. Birthplace..... Crisfield Md.
(Town, county, and state)

10. Usual occupation..... Carpenter

11. Industry or business

12. Name..... William A. Bell

13. Birthplace..... Virginia

14. Maiden name..... Mary G. Dougherty

15. Birthplace..... Crisfield, Md.

16. Informant..... Leila E. Bell

Address..... 102 Main Street

17. Burial..... Date thereof..... Sept. 17, 1948

(Burial, cremation, or removal. Which?)..... (month) (day) (year)

Cemetery or crematory..... Crisfield Cemetery

Location..... Crisfield, Md.

Hubbard & Covington

18. Funeral director..... 306 Main Street

Address.....

19. Sept. 16th 1948..... Janice E. Spivey

(Date rec'd by registrar)..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... September 14, 1948..... at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1946 to Sept. 1948

and that I last saw him alive on..... Sept. 14, 1948

Immediate cause of death..... Coronary occlusion..... DURATION..... 3 days

Due to..... arteriosclerosis..... 8-10 yrs

Due to.....

Other conditions..... Post-operative

intentional obstruction - due to

strangulated hernia.

Major findings of operations..... Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... C. G. Rawley M.D.

Address..... Crisfield, Md..... Date signed..... 9/16/48

RECEIVED
SEP 18 1948
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09673

265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death 8 days
 Hospital, institution, or street address where death occurred:
McCready Hospital
 How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town RURAL, Marion
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Route #1
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

VIRGINIA V. BRIDDELLE

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife George Ollie Briddelle
 6. (c) If alive, give age 74 years
 7. Birth date of deceased (mo., day, yr.) May 19, 1874
 8. AGE: Years 74 Months 3 Days 27 If less than one day
 hrs. min.

9. Birthplace Marumsc-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER
 12. Name Columbus Riffin
 13. Birthplace Shelltown, Maryland
 14. Maiden name Victoria S. Patterson
 15. Birthplace Pocomoke City, Maryland

16. Informant Milton Riffin
 Address Stockton, Maryland

17. Date thereof Sept. 19, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rehobeth Baptist Cemetery
 Location Rehobeth, Maryland

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. Sept. 17th 1948
 (Date rec'd by registrar) Nellie Boyden
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1948 at 12:30 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1948 to Sept 16 1948
 and that I last saw her alive on Sept 16 1948

Immediate cause of death Acute myocardial infarction
 DURATION 1 week

Due to

Due to Distal Coronary

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. C. C. Corbett

M. D. or other

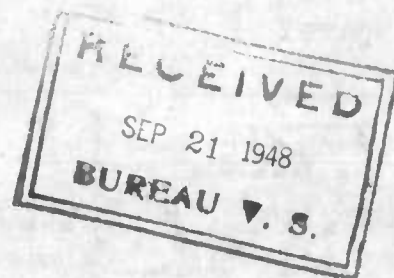
Address Marion, Md Date signed Sept 17, 1948

MARGIN RESERVED FOR BINDING

9:45:15M

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County **Somerset**
 City or town **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Lifetime**
 Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
 How long in hospital or institution? **5 weeks-4 days**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State **Maryland** County **Somerset**
 City or town **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **203 Somerset Ave.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

JOHN H. CARTER

3. (b) Social Security Number

4. Sex **M** 5. Color or race **W** 6.(a) Single, married, widowed, or divorced **Married**
 8.(b) Name of husband or wife **Grace Riggin Carter**
 6.(c) If alive, give age **54** years
 7. Birth date of deceased (mo., day, yr.) **Dec. 25, 1896**
 8. AGE: Years **51** Months **9** Days **1** It less than one day
hrs.min.

9. Birthplace **Marion-Somerset-Maryland**
 (Town, county, and state)
 10. Usual occupation **Poultry Farmer**
 11. Industry or business
 12. Name **William Carter**
 13. Birthplace **Worcester County**
 14. Maiden name **Maggie Taylor**
 15. Birthplace **Accomac, Virginia**
 16. Informant **Mrs. Helen Garrison**
 Address **Crisfield, Maryland**
 17. **Burial** Date thereof **Sept. 29, 1948**
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory **Sunnyridge Cemetery**
 Location **Hopewell, Maryland**
 18. Funeral director **H. Harvey Bradshaw**
 Address **Crisfield, Maryland**

19. **Sept. 29th 48** **Nellie Dryden**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **September 26th 1948** at **7:10 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **July 1948** to **Sept. 26, 1948**
 and that I last saw him alive on **Sept. 26, 1948**

Immediate cause of death **Carcinoma of stomach**
 DURATION **4 mos.**

Due to
 Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **George E. Coelwyn** M. D. or other
 Address **Marion, Md.** Date signed **9/29/48**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 5 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09675

265

1. PLACE OF DEATH:

County SomersetCity or town Crisfield, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 daysHospital, institution, or street address where death occurred:
McCready Memorial HospitalHow long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Ewell, Smith Island, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) if veteran, name war _____

3. (a) FULL NAME

Mary Eliza Evans

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married8. (b) Name of husband or wife Aaron T. Evans
August 9, 1875 8. (c) If alive, give age 80 years7. Birth date of deceased (mo., day, yr.) Sept 78. AGE: Years 73 Months 0 Days 28 If less than one day _____ hrs. _____ min.9. Birthplace Ewell, Md.
(Town, county, and state)10. Usual occupation Practical Nurse11. Industry or business Nursing12. Name Townsend Dize13. Birthplace Smith Island, Md.14. Maiden name Melisa Evans15. Birthplace Smith Island, Md.16. Informant Mrs. Paul Riffin
Address Crisfield, Md.17. Burial Date thereof Sept. 12, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Ewell, Md.Location Smith Island, Md.18. Funeral director Harvey H. BradshawAddress Crisfield, Md.19. Sept. 9th 1948 Nellie Kryden
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7 1948 at 2:00 pm21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 1948 to Sept 7 1948and that I last saw him alive on Sept 7 1948Immediate cause of death Acute A.D.MyocardialDua to Chronic ArteriosclerosisDua to Chronic Out ruptureChronic myocarditis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George E. Callum M.D.Address Sept 8 - 48 - Marion Date signed 9-7-48

RECEIVED
SEP 12 1948
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 days
 Hospital, institution, or street address where death occurred:
McCreedy Hospital
 How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Lower Fairmount (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

INFANT FORD

3. (b) Social Security Number

4. Sex Male 5. Color or race White 9.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) August 29, 1948 B.(c) If alive, give age years
 8. AGE: Years Months Days If less than one day
4 hrs. min.

9. Birthplace Crisfield-Somerset-Maryland
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John T. Ford
 13. Birthplace Lower Fairmount, Maryland
 14. Maiden name Mildred Bozman
 15. Birthplace Lower Fairmount, Maryland

16. Informant John T. Ford
 Address Lower Fairmount, Maryland

17. Burial Date thereof Sept. 3, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Lower Fairmount Cemetery
 Location Lower Fairmount, Maryland

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. Sept. 2nd 48 Nellie Duplex
 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH September 2nd 48 at 4:00A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 29, 1948, to Sept. 2, 1948.
 and that I last saw him alive on Sept 1, 1948 1948.

Immediate cause of death Intestinal Congenital
 DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James B. Chubb M.D. M. D. or otherAddress Marion, Md Date signed Sept 2, 1948

RECEIVED
SEP 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Marion
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 58 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Somerset
City or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Clarence Hill

3. (b) Social Security Number

215-01-0089

4. Sex M. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife May Hill

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Mar. 13, 1890

8. AGE: 58 Years Months Days If less than one day hrs. min.

9. Birthplace Marion Sta. Somerset Md.
(Town, county, and state)

10. Usual occupation Poultry Raising

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Mary Francis Hays

15. Birthplace Marion Sta. Md.

16. Informant Helester Carr

Address Marion Sta. Md.

17. Burial, cremation, or removal Which? Burial Date thereof Sept. 28, 1948
(month) (day) (year)

Cemetery or crematory Liberty

Location Marion Sta. Md.

18. Funeral director Geo. Norman Threlk

Address Marion Sta. Md.

19. Sept 28, 48 (Date rec'd by registrar) Nellie Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25, 48 at MD

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 20, 48 to September 25, 48

and that I last saw him alive on September 25, 48

Immediate cause of death Cerebral Hemorrhage

followed by Hypotetic Pneumonia

Due to Chronic Myocarditis

Due to Chronic Int. Respiration

Other conditions Chronic Myocarditis

Chronic Int. Respiration

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Corliss M.D. M. D. or other

Address Marion Sta. Md. Date signed 2361

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

OCT 4 1948

BUREAU V. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 years
 Hospital, institution, or street address where death occurred:
McCreedy Memorial Hospital
 How long in hospital or institution? 7 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 101 Locust Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George W. Marshall

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Mary Ann Killman Marshall
 7. Birth date of deceased (mo., day, yr.) December 25, 1873
 6. (c) If alive, give age _____ years
 8. AGE: Years 74 Months 9 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Marion-Somerset-Maryland
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business

12. Name John Marshall
 13. Birthplace Marion, Maryland
 14. Maiden name Martha Cannon
 15. Birthplace Kingston, Maryland

16. Informant Maurice Marshall
 Address Crisfield, Maryland
 Burial Oct. 2, 1948

17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
 Cemetery or crematory St. Pauls Cemetery
 Location Marion, Maryland

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland

19. Oct. 2 19 48
 (Date rec'd by registrar) Registrar Jessie E. Spies

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 19 48 at 10:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 19 48 to Sept 29 19 48
 and that I last saw him alive on Sept 29 19 48

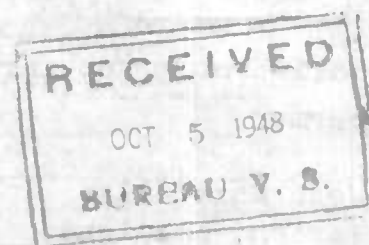
Immediate cause of death Coronary Thrombosis
 DURATION 3 1/2 mo.

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE C. G. Rawley M.D.
 Address Crisfield Md. Date signed 10/2



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

09679

1312

1. PLACE OF DEATH:

County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 52 years
Hospital, institution, or street address where death occurred: McCready Memorial Hosp.
How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. Cove & Second
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Daniel Jehu Morgan

3. (b) Social Security Number
215-18-4726

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Queenie May Morgan
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1865

8. AGE: Years <u>83</u>	Months <u>4</u>	Days <u>9</u>	if less than one day hrs. min.
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9. Birthplace Pocomoke Worcester Md.
(Town, county, and state)
10. Usual occupation Coal laborer
11. Industry or business
12. Name John Morgan
13. Birthplace Pocomoke City, Md.
14. Maiden name Lavenia Gravenor
15. Birthplace Pocomoke City, Md.

16. Informant Mrs. Ruby Hancock
Address Crisfield, Md.
17. Burial Date thereof Sept. 27, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cemetery
Location Crisfield, Md.
18. Funeral director H. Harvey Bradshaw
Address Crisfield, Md.

19. Sept. 27th 1948
(Date rec'd by registrar) Jessie E. Spies Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1948 at 8:15 P.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 16, 1948 to Sept. 24, 1948
and that I last saw him alive on Sept. 24, 1948
Immediate cause of death anuria
DURATION 48 hrs
Due to Chronic interstitial nephritis
Due to
Other conditions uremia
chronic myocarditis
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, pub'c place (where?)
Means of injury Injured at work?
23. SIGNATURE C. G. Rawley M.D.
Crisfield, Md M. D. or
Address Date signed 9/27/48

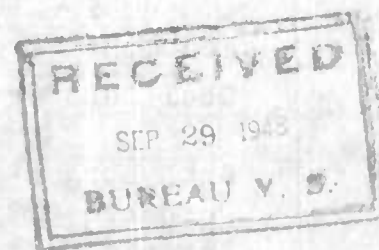
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... **Lifetime**
 Hospital, institution, or street address where death occurred:
Mariners
 How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... **Maryland** County... **Somerset**
 City or town... **Crisfield**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... **Mariners**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Manie Reckord

3. (b) Social Security Number

None

4. Sex... **Female** 5. Color or race... **White** 6. (a) Single, married, widowed, or divorced... **Married**

6. (b) Name of husband or wife... **Robert Reckord**
 6. (c) If alive, give age... **60** years

7. Birth date of deceased (mo., day, yr.)... **month & day unknown- 1887**

8. AGE: Years... **61** Months... Days... If less than one day... hrs. min.

9. Birthplace... **Fairmount, Somerset, Maryland**
 (Town, county, and state)

10. Usual occupation... **Housewife**

11. Industry or business

12. Name... **James Collins**
 13. Birthplace... **Fairmount, Md.**

14. Maiden name... **Molly Watson**
 15. Birthplace... **Fairmount, Md.**

16. Informant... **Robert Reckord**
 Address... **Crisfield, Md.**

17. Burial... **Sept. 16, 1948**
 (Burial, cremation, or removal. Which?) Date thereof... (month) (day) (year)
cemetery

Cemetery or crematory...
 Location... **Mariners, Crisfield, Md.**

18. Funeral director... **H. Harvey Bradshaw**
 Address... **Crisfield, Md.**

19. **Sept. 16, 1948**
 (Date rec'd by registrar) Registrar... **Janice E. Spivey**

MEDICAL CERTIFICATION

20. DATE OF DEATH... **Sept. 14, 1948** at **5:00 A.M.**

21. I CERTIFY that death occurred on the data above stated: that I attended deceased from **7 eb.** 19 **48**, to **Sept 14, 1948**
 and that I last saw him alive on **Sept. 13, 1948**

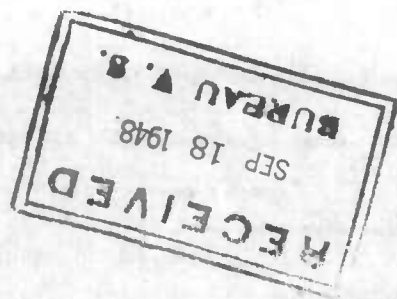
Immediate cause of death... **Pneumonia, long hypostatic**
 Due to... **Chronic**
 Due to... **Chronic interstitial nephritis**
 Other conditions... **Chronic myocarditis**
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Manner of injury... Injured at work?

23. SIGNATURE... **C. Krawley** M. D. or other
 Address... **Crisfield, Md.** Date signed... **9/16/48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1312 09681 265

1. PLACE OF DEATH:

County Somerset CountyCity or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? all lifeHospital, institution, or street address where death occurred: Marion Station

How long in hospital or institution?

3. (a) FULL NAME

Samuel James Scarbar4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mollie ScarbarFeb 14 1872 6. (c) If alive, give age _____ years7. Birth date of deceased (mo., day, yr.) 18. AGE: Years 76 Months 7 Days 14 It less than one day _____ hrs. _____ min.9. Birthplace Marion Station
(Town, county, and state)10. Usual occupation Farming11. Industry or business agriculture12. Name Samuel Scarbar13. Birthplace allentown, penn.14. Maiden name Elah Ann Scarbar15. Birthplace Somerset County16. Informant Eddie ScarbarAddress 1703 N. 2nd Philadelphia, Pa.17. Burial Date thereof Sept. 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory FamilyLocation Marion Station18. Funeral director George W. TilgnerAddress Marion Station19. Sept. 28 19 48 Janice E. Spies
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (c) If veteran, name war _____

3. (b) Social Security Number

231-16-3552

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28th 19 48, at 7:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 48, to Sept. 19 48and that I last saw him alive on Sept. 27 19 48

Immediate cause of death

acute dilatation of heartDue to chronic myocarditischronic arteritis

Due to _____

Other conditions hemiplegia

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

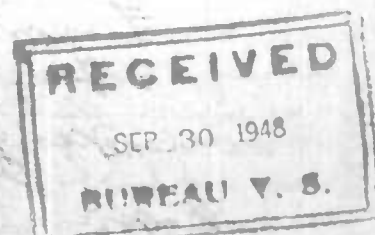
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. G. Rawley M.D.Address Crisfield Md. Date signed 9/28



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09682

Reg. Dist. No.

269

1. PLACE OF DEATH:

County Somerset
 City or town Orville Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Margaret Shelton

3.(b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 13, 1878

8. AGE: Year 70 Month 5 Day 2 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, City Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Hekner
 13. Birthplace Baltimore Md.

14. Maiden name Unknown
 15. Birthplace _____

16. Informant Anna Frawley
 Address 713 S. Rose St. Balto. Md.

17. Burial Date thereof Sept 18, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Junior Order of Mechanics
 Location Orville Md.

18. Funeral director Walter Dashiell

Address Princess Anne, Maryland

19. Sept 18 48 Mrs. S. Bennett
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15 48 11 P M

21. I CERTIFY that death occurred on the data above stated; that I attended deceased from

Sept 1 1948 to Sept 15 1948
 and that I last saw him alive on Sept 15 1948

Immediate cause of death Cerebral
anemia (Hemorrhage) DURATION 12 hours

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

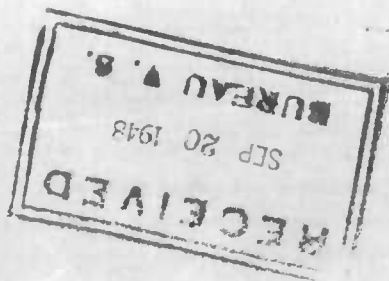
Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE Frank Mathis, M.D.

Address Princess Anne Date signed 9/17/48



John

TH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09683

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Allen
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yr
Hospital, institution, or street address where death occurred:
Allen, Md
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Wicomico
City or town Salisbury, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 206 Hazel Ave
(If rural, give LOCATION) ☒

2.(a) If veteran, name war

3. (a) FULL NAME

Norman Elwood Smith

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Mildred R. Smith

7. Birth date of deceased (mo., day, yr.) Feb 22 1892 6.(c) If alive, give age 50 years

8. AGE: Years 56 Months 7 Days 29 hrs. min.

9. Birthplace Allen, Somerset, Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Francis E. Smith

13. Birthplace Allen, Md

14. Maiden name Ida Foster

15. Birthplace Allen, Md

16. Informant Mr. Norman Halland

Address Salisbury, Md

17. Burial (Burial, cremation, or removal) Burial Date thereof 9/29/48
(month) (day) (year)

Cemetery or crematory Allen, Calverton

Location Allen, Md

18. Funeral director The Will & Johnson Co

Address Salisbury, Md

19. 9/21/48 Registrar R. E. Johnson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1948 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw him alive on 19

Immediate cause of death Burned to death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE If death was due to external causes, fill in the following: Accident Date of 9/21/48

Accident, suicide or homicide Accident Date of 9/21/48

Where did injury occur? Allen, Som Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) at home

Means of injury Burned to death Injured at work? ye

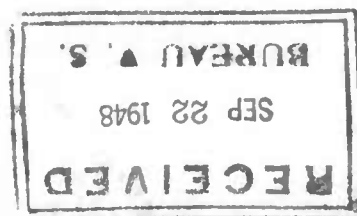
23. SIGNATURE Wey M. Lounford M. D. M. D. or other

Address Brunswick, Md Date signed 9/21/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Fairmount
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death Lifetime
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Fairmount
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

GRANVILLE WALSTON

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male

White

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 5, 1888

6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
60 3 12 hrs. min.

9. Birthplace Fairmount-Somerset-Maryland
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Sea food

12. Name James W. Walston

13. Birthplace Fairmount, Maryland

14. Maiden name Rachel Dize

15. Birthplace Rumbley, Maryland

16. Informant Benjamin Walston

Address Fairmount, Maryland

17. Burial Date thereof Sept. 12, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairmount Cemetery

Location Fairmount, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. 9/30 48 R. H. Johnson, M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September - 17 19 48 at 4:11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 16th 19 48 to Sept. 17th 19 48

and that I last saw him alive on Sept. 16th 19 48

Immediate cause of death

Cerebral Hemorrhage

Hypertension

2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sheila B. White

M. D. or other

Address Princess Anne Md. Date signed 9/18/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 21 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Emfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Edw. McCready Hosp
How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Somerset
City or town Marion
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John White

3. (b) Social Security Number

218-18-5612

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Sarah White

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) June 22-1907

8. AGE:

Years 41 Months 2 Days 27 hrs. _____ min.

9. Birthplace Marion Somerset Co MD
(Town, county, and state)

10. Usual occupation See food work

11. Industry or business

12. Name James White

13. Birthplace Marion Somerset Co MD

14. Maiden name Baroline Pater

15. Birthplace Marion Somerset Co MD

16. Informant Bearyl Whittington

Address Marion MD

17. Burial Date thereof Sept 22-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wesley

Location Marion MD

16. Funeral director Norma J Ward

Address Marion MD

19. Sept 21-48 Nellie Dryden
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19th 1948 at 9:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 15 1948 to Sept 19 1948
and that I last saw him alive on Sept 18 1948

Immediate cause of death

Acute Delirium

DURATION

Due to _____

Due to Pneumonia Lobar

Other conditions Chronic Int. organs

Chronic myocarditis
(Include pregnancy within 8 months of death)

Major findings of operations

_____ Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

George Chubb MD M. D. or other
Address Marion, MD Date signed Sept 21, 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 27 1948

BUREAU V. S.